

## Medical Appeal

Last Name	First Name	M.I.	Student ID#
(____)_____-____			
Phone Number (Including Area Code)			Date of Birth

This form is intended for students requesting a recalculation of financial need based on

- On-going medical and/or dental expenses (and/or)
- Excessive medical and/or dental expenses

\*Please keep in mind that the income protection allowance in the EFC formula already excludes a limited amount of income that would be required to maintain a modest living standard for a family. Although a family of four who has over \$2500 in annual medical expenses may understandably consider these expenses to be worthy of professional judgment consideration, the expenses have already been taken into account in the EFC formula.

In order for your appeal to be taken into consideration, you must submit the following required documentation

- A written/typed statement describing the circumstances in detail and why you/your family feel an exception should be made.
- Copies of bills/receipts of medical/dental expenses that have been paid out of pocket.
- An itemized list with a total of ALL medical and/or dental expenses paid out of pocket.

<b>Out of Pocket Expenses</b>		<b>Year 20</b> _____
Month	Amount	Receipt/bill attached
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total:		

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Last Name

First Name

M.I.

Student ID#

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**The appeal evaluation and decision will be based on the information you provide on this form as well as the information contained within your supporting documentation. Incomplete appeals/documentation cannot be considered.**

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By signing this form I certify the information I have provided on this appeal and in my attached statement and documentation is complete and accurate to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Remarks:**

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**\*\*\*FINANCIAL AID OFFICE USE ONLY\*\*\***

**Medical Appeal:**      \_\_\_\_\_ **Approved**      \_\_\_\_\_ **Denied**

**Adjustments based on:** \_\_\_\_\_

**Financial Aid Advisors Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SAR Adjustments** \_\_\_\_\_